

EUROPEAN HEALTHY STADIA[®] NETWORK

Submission to:

- DCMS Committee
- Call for evidence: Sport in our communities
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Terms of reference:

- Are current sports governance models fit for purpose?
 - At what level of sport should the government consider spending public money?
- What are the biggest risks to the long-term viability of grassroots sport?
 - What key measures could the Government introduce to increase the resilience of sports clubs and venues?
- To what extent should elite professional sports support the lower leagues and grassroots?
 - How should the Government make this happen?

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About Healthy Stadia

The European Healthy Stadia Network or 'Healthy Stadia' is part of the Health Equalities Group, a health and wellbeing charity dedicated to eliminating health inequalities and reducing the prevalence and burden of non-communicable diseases.

Based in the North West of England, and operating across Europe, Healthy Stadia works in the crossover area of public health, research, and sport. Working in partnership with governing bodies of sport, league operators, stadia operators, clubs and club community organisations, Healthy Stadia helps to design and implement health-promoting policies and practices that positively impact the health and wellbeing of fans, staff and local communities.

We are responding to this inquiry as we feel, at this pivotal moment, there is more at stake than the immediate survival of sport in our communities. We believe it is important that government recognises the true value and potential of community sport over and above participation and what it can offer local communities, our health systems, the public purse and society at large if there is substantial re-investment at local authority level.

Setting the scene: Public health and sport

Life expectancy and health inequalities

1. Although most of the UK population are living longer than ever before, we face significant public health challenges. By 2019, life expectancy in England had increased to 79.9 years for males and 83.6 years for females¹. Healthy life expectancy has also increased, but not as much as healthy life expectancy, so on average, we are spending more years in poor health².
2. This is worsened by huge regional inequalities. The gap in life expectancy at birth between the least and most deprived areas in England was 9.5 years for males and 7.5 years for females³. Whilst males in Richmond-upon-Thames had the highest healthy life expectancy at birth in the UK of 71.9 years, males in Blackpool are expected to have 18.6 fewer years of healthy life at just 53.3 years⁴. The more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and it is women in the most deprived 10% of areas for whom life expectancy fell⁵.
3. Around two-thirds of adults are above a healthy weight and of these, nearly half are living with obesity⁶. Also, one in three children leave primary school already overweight or living with obesity⁷. Carrying excess weight is associated with an elevated risk of several major non-communicable diseases (NCDs), including type 2 diabetes, coronary heart disease, stroke, asthma, and several cancers⁸. Chronic ill health is not only costly in terms of healthy life expectancy for individuals, but also to the NHS and to wider society. It is estimated that type 2 diabetes alone cost the NHS over £20 billion in direct health costs and indirect societal and productivity costs in 2010/11⁹ and this is estimated to rise to £35 billion by 2035/36 without significant intervention.

Non-communicable diseases and COVID-19

4. We are now dealing with two categories of disease that are clustering within specific intersections of society – NCDs and COVID-19. Initial insights into the impact of the pandemic suggest that both the disease itself and various states of lockdown, are hitting the poorest hardest in terms of both physical health and mental wellbeing. Individuals with underlying health conditions are at greater risk of adverse health outcomes associated with COVID-19, as are those from more deprived communities¹⁰ due to precarious employment in low-paid front-line service jobs, poor housing conditions and reliance on public transport, amongst other factors.
5. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups¹¹.
6. In the north of England, an extra 57.7 more people per 100,000 died than in the rest of England between March and July and this could cost the UK economy an additional £6.86bn in reduced productivity¹².

Cuts to local authority budgets

7. Despite repeated government promises to strengthen public health, prevention and provision of sport and physical activity, most recently following the COVID-19 pandemic, the reduced spending power of local authorities has resulted in severe cuts to the non-statutory services that councils provide. This has negatively impacted public health and leisure services budgets. Even

taking into consideration the uplift in 2019¹³, the public health grant in 2020/21 was 22% lower per head in real terms compared to 2015/16. Achieving parity of funding per head to this level would require an additional investment of £1 billion¹⁴. Council's net expenditure on cultural and leisure services is also down more than 40%¹⁵.

8. Sport in local government and sports development is geared toward providing access to sporting or playing opportunities. However, austerity measures have resulted in cuts to budgets, services, staffing within sport and most significantly sports development and community recreation¹⁶, both within local authorities and community sports organisations (CSOs). In response to this, costs for individuals to participate in sport and physical activity have increased¹⁷, creating a financial barrier for many. A recent study on the impact of austerity measures on sports participation suggests that policy goals of widening participation have not been met and funding cuts may have contributed to this¹⁸.
9. It is forecast that the COVID-19 pandemic will further reduce income for culture and leisure services by £500 million, a decline of over 50% relative to anticipated pre-COVID, post-austerity revenues¹⁹. This reduction in income is likely contributing to job losses and decreases in sector expertise, provision, and capacity. Against a backdrop of continued uncertainty about the economy²⁰ and the challenges that community sport facilities are encountering which have resulted from austerity²¹ points to a bleak future.

Physical Activity

10. Physical activity, including formal and informal sport, is important in preventing NCDs²². The World Health Organisation (WHO) advises at least 150 minutes of moderate-to-vigorous physical activity per week.
11. Sport England's most recent Active Lives survey suggested that activity levels were due to exceed the previous year until coronavirus restrictions were introduced in March. This led to unprecedented drops in activity. The proportion of the population classed as inactive (achieving less than 30 minutes of physical activity per week) increased by 7.1% or 3.4 million, during the first few weeks of full lockdown²³. Some of the worst hit groups included those with disabilities, long-term health conditions and/or over-55s, due to many being advised to shield. The survey also found that the gap between higher and lower socio-economic groups increased.

Conclusions

12. With increases in life expectancy slowing significantly, health inequalities widening and a decade's worth of cuts to local authority public health teams and leisure services exacerbated by the COVID-19 pandemic, community health and wellbeing is suffering. Urgent action and sustainable investment are needed to increase participation in sport and physical activity to improve health outcomes.
13. The NHS Five Year Forward View argues that "the future of millions of children, the sustainability of the NHS, and the economic prosperity of Britain now depend on a radical upgrade in prevention and public health"²⁴. The concern is if this gap in funding is not plugged and is not done so sustainably, decreases in activity observed due to lockdown restrictions may be difficult to reverse.

Recommendations:

Reversal of austerity policies with additional financial resources handed to local authorities

14. Sports facilities linked with local authority sport and leisure departments have been affected by austerity measures with significant reductions to central government grants prompting major cuts to discretionary services such as sport, by local authorities²⁵.
15. Amongst other public assets, budgetary pressures of austerity have forced the sale of public sport facilities and playing fields by local authorities to fund essential services²⁶. In the case of natural grass playing fields, remaining pitches have experienced so much play that this has had a cumulative effect on the quality and viability of pitches resulting in cancelled matches.
16. There remains a belief within our football authorities that the wealth accumulated at the top will filter through to the grassroots game. The fact that grassroots football, and more broadly the sport and physical activity sector, is in such a dire financial position even before the pandemic, despite the embarrassment of financial riches at the top of the football pyramid, suggests otherwise.
17. With the government announcing the abolition of Public Health England and no clear plans afoot regarding the National Institute of Health Protection, government must equip local authorities with adequate financial resources to support public health and community sport to tackle the inter-linked issues of physical inactivity, obesity, and NCDs. This will enable them to deliver their public health responsibilities, enable transparency and accountability, respond to the COVID-19 pandemic, and deploy a data-driven, equitable approach to increase provision and capacity for sport and physical activity.
18. To achieve this, we must examine how sport and leisure could shift from a discretionary service to a statutory service within local authorities. A levy for grassroots sport from professional sport related to TV rights, which is 100% match funded by government, combined with political leadership could help to secure the future of sport in our communities.

Greater cross-departmental working between local authority leisure services and public health teams

19. Sports development has traditionally been responsible for increasing participation. Whilst there has been an increasing focus on delivering health outcomes through leisure services the sector requires a much greater understanding of health and wellbeing and emphasis on meeting the needs of different population groups.
20. The sector requires a re-orientation towards being a provider of better health and wellbeing rather than a provider of sport and leisure – essentially it will need to shift from a physical activity service that is made available to everyone (universal) and needs-led services that are provided to the ‘seldom heard’ that are disadvantaged socially, economically or in terms of their health (proportionate). This will be an extremely challenging cultural and operational shift. To achieve this, local authority leisure services will need to:
 - a) embrace greater cross-departmental working with public health teams locally, regionally, and nationally
 - b) share understanding of local assets, competencies, and vulnerabilities in planning actions in the recovery period.

- c) place tackling health inequalities at the core of business operations
 - d) commission the delivery of targeted, evidence-based, services and behaviour change interventions to those communities and individuals in greatest need
 - e) embrace re-training and up-skilling across the public, private and third sector organisations and institutions
 - f) introduce new metrics and KPI's to measure performance
21. A coordinated programme of leadership development for senior managers across the sector and elected members responsible for public health, sport and leisure that facilitates transformational change toward a more integrated model will be required.

Building capacity in CSOs to deliver public health interventions

22. Community sports organisations (CSOs) play a vital and under-appreciated role in the creation and delivery of social capital and community public health outcomes across the UK. Many of these third sector organisations are typically charitable or non-profit and have been primarily responsible for growing and enhancing participation in sport on increasingly small budgets.
23. CSOs have been driven to diversify their income streams due to falling incomes from traditional culture and leisure service budgets, but also due to a greater recognition of their capacities and proficiencies. Sports coaches increasingly have a good understanding of goal-setting and motivational techniques making them ideal to deliver community public health interventions.
24. Sports coaches have delivered targeted, behaviour change interventions addressing a range of lifestyle risk factors that can predispose individuals to NCDs. These include stadium-based interventions signposting fans to local and national smoking cessation services at rugby matches and health checks performed at cricket matches, to community health programmes helping overweight football fans to lose weight, and more recently mental health programmes in schools.
25. However, the UK lacks critical, effective infrastructure to share learning and scale-up projects. This needs to be remedied.

Improving community resilience in response to the COVID-19 pandemic and beyond

26. The ability of communities to cope with and recover from large-scale emergencies is often referred to as 'community resilience'²⁷. The WHO Regional Office for Europe has long argued that building resilient communities and supportive environments is a public health priority²⁸.
27. In the UK, community resilience has been eroded over the last decade due to austerity measures and may be a factor in the current mental health crisis the UK is currently facing.
28. As the medium to long-term health, social and economic impacts of COVID-19 are felt throughout the UK, CSOs will have a critical role to play in the recovery process. Many CSOs have already stepped forward to support their existing service users and those made more vulnerable by the pandemic. These acts of community and solidarity have ranged from practical help with shopping and running food banks, to telephone befriending and staffing helplines.
29. Urgent attention needs to be given to the secondary and perhaps even tertiary consequences of the COVID-19 pandemic, various lockdown conditions and anticipated economic recession. CSOs

can help to access groups and individuals who face the greatest risks. The trust they have built in vulnerable communities will also be important.

30. Addressing the psychological harm from COVID-19 must also be a priority. Many individuals will come through the pandemic without lasting negative effects on their mental health, whilst others will be seriously affected by traumatic experiences in terms of illness from COVID-19, lockdown conditions, and also changing household dynamics associated with mental ill health, heavier drinking, problem gambling, loss of income and incidences of domestic violence amongst others. Appropriate responses need to be designed to be trauma-informed and address gender-based, racial, and social inequalities to ensure that the health gap is narrowed not widened.

Evaluating the suitability of commercial sponsorships in community sport

31. If sport and leisure is to re-orientate as a provider and supporter of health and wellbeing, there is a need to address the commercial relationships that exist between public, private and third sector providers. Many organisations hold sponsorship arrangements with junk food, soft drink, alcohol, and gambling companies. Maintaining relationships such as these undermines the sector and can seriously compromise any ambition to support physical health and mental wellbeing.
32. There is a perception amongst many that rejecting sponsorship from junk food, soft drink and even gambling companies could place significant financial strain on the already financially precarious sport and physical activity sector, particularly if additional funding from central government is not forthcoming.
33. Despite evidence that most parents think unhealthy commodity industry sponsorship such as junk food sponsorship are not suitable sponsors²⁹, many within sport perceive that the presence of these brands is inexorable, and either there is no real issue of financial relationships of this nature or there is little that can be done to prevent them. The simplest way of eradicating these false notions would be for government to back community sport financially.
34. We have detailed two case studies in the Appendices that demonstrate why we need to evaluate the suitability of commercial sponsorships in community sport.

Appendices

Case study one – junk food:

The four home nation Football Associations (FAs) are all partnered directly with McDonald's. As part of this arrangement, McDonald's funds the training of football coaches, runs community football days, and equips over 5000 FA accredited football clubs with brand new kit annually³⁰.

These activities, delivered predominantly at grassroots level through County FAs, provides McDonald's with unprecedented access to children and young people, creating a positive association between the national game and a restaurant chain that provides highly processed, energy dense, nutrient poor food and drink items. There are significant detrimental effects of food marketing, including enhanced attitudes, preferences, and increased consumption of marketed foods³¹ and using sport as a marketing vehicle can influence false associations between unhealthy products and healthful behaviours³². Furthermore, endorsement of McDonald's by men's and women's national team players and managers sends mixed messages – although athletes may promote physical activity, they simultaneously encourage consumption of McDonald's products that can lead to negative health outcomes.

It is disheartening that McDonald's can boast they are the longest standing supporter of grassroots football in the UK. Government should support grassroots football. If community sport is to deliver on its potential as a health-promoting activity across the life course, financial arrangements with junk food and soft drink companies need to be prohibited.

Case study two – gambling:

Eccleshill United Football Club are a semi-professional English football league club playing in the Northern Counties East Football League – the ninth tier of the football pyramid. They are currently sponsored by Napoleons Casino & Restaurant, a chain of gambling venues across Manchester and Yorkshire.

As part of their relationship, Napoleons have pitch-side advertising hoardings and sponsor the man of the match award, providing the winner with a free meal and free chips at their venue in Bradford. The man of the match award also grants them significant attention on social media:

<https://twitter.com/EccleshillUtdFC/status/1318869570384498694>

At a time when sport is stretched financially, we believe that clubs should not have to rely on unhealthy commodity industries to help finance their activities. The presence of Napoleon's branding normalises a potentially harmful service and is ultimately designed to get young men, including the players of Eccleshill United FC, through their doors. Normalisation of gambling behaviour amongst players, could also potentially jeopardise the integrity of professional and semi-professional sport.

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